



**INDIANA STATE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**

7285083

Local No 000774

EDR No 000000194539

State No

1. Decedent's Legal Name (First, Middle, Last) <b>JIHA'D CYPRUS VASQUEZ</b>					1a. Maiden Name (If female)	2. Sex MALE	3. Time Of Death 01:50 PM	4. Date Of Death (Month/Day/Year) 04/14/2011
5. Social Security Number [REDACTED]	6a. Age - Yrs 16	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/21/1994	8. Birthplace (City and State or Foreign Country) DETROIT, MI	
9. Ever In U.S. Armed Forces?		10. If Death Occurred In A Hospital: □ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival 10a. If Death Occurred Somewhere Other Than A Hospital □ Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>QUEENBORO STREET</b>								
12. City Or Town, State, And Zip Code <b>SOUTH BEND, IN, 46614</b>			13. County Of Death <b>ST. JOSEPH</b>			14. Marital Status At Time Of Death □ Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced □ Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name [REDACTED]		15a. (If Wife) Give Maiden Last Name [REDACTED]			16. Decedent's Usual Occupation STUDENT		17. Kind Of Business/Industry EDUCATION	
18. Residence - State <b>INDIANA</b>		18a. County <b>ST. JOSEPH</b>		18b. City Or Town <b>SOUTH BEND</b>		18d. Apt. No. [REDACTED]	18e. Zip Code 46614	
18c. Street And Number [REDACTED]						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) <b>ANTONIO VASQUEZ JR</b>				23. Mother's Name (First, Middle, Last) <b>STEPHANIE F. JONES</b>			23a. Mother's Maiden Last Name <b>JONES</b>	
24. Informant's Name <b>STEPHANIE F JONES</b>		24a. Relationship To Decedent <b>MOTHER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) [REDACTED]			24c. Place Of Disposition <b>SOUTH BEND, IN 46614</b>	
25a. Method Of Disposition □ Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment □ Removal From State □ Other (Specify) [REDACTED]		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>WYATT CREMATORY</b>			25c. Location - City, Town, And State <b>WYATT, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HANLEY &amp; SONS FUNERAL HOME INC. (SOUTH BEND), 23421 STATE ROAD 23, SOUTH BEND, IN 46614</b>			27a. Funeral Home License Number <b>FH88800151</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JON K HANLEY, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee) <b>FD01006332</b>				
Cause Of Death (See Instructions And Examples)								
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								
Approximate Interval: Onset To Death								
Immediate Cause (Final Disease Or Condition Resulting In Death)      A. <u>ASPHYXIATION BY HANGING</u> Due to (Or As A Consequence Of) SECONDS								
B. _____ Due to (Or As A Consequence Of) _____								
C. _____ Due to (Or As A Consequence Of) _____								
D. _____ Due to (Or As A Consequence Of) _____								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
				30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: □ Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death □ Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: □ Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) <b>04/14/2011</b>		35. Time Of Injury <b>13:50</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>UTILITY EASEMENT</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State <b>INDIANA</b>		38a. City Or Town <b>SOUTH BEND</b>		38b. Street & Number [REDACTED]		38c. Apt. No. [REDACTED]	38d. Zip Code 46514	
39. Describe How Injury Occurred <b>VICTIM AFFIXED LIGATURE AROUND HIS NECK AND SUSPENDED HIMSELF</b>						40. If Transportation Injury, Specify: □ Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: <b>CHARLES HURLEY, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) □ Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Heath Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>CHARLES HURLEY, RM 424 COUNTY CITY BUILDING, SOUTH BEND, IN 46601</b>						44. License Number [REDACTED]		
46. Additional Funeral Service Provider: [REDACTED]						45. Date Certified 04/15/2011		
48. Signature of Local Health Officer: <b>THOMAS A. FELGER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 15 2011</b>		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								